Wisconsin Medicaid fee schedule for community support program services

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Procedure code	Procedure code description	Contracted rate*	Reimbursement (federal share) paid 10/1/02 through 3/31/03	Reimbursement (federal share) paid 4/1/03 through 9/30/03	Reimbursement (federal share) paid on and after 10/1/03				
W8200	CSP-assessment and treatment planning; MD	\$150.04	\$87.67	\$92.30	\$92.09				
W8201	CSP-assessment and treatment planning; Ph.D.	\$112.53	\$65.75	\$69.23	\$69.07				
W8202	CSP-assessment and treatment planning; Masters	\$90.04	\$52.61	\$55.39	\$55.27				
W8203	CSP-assessment and treatment planning; Professional	\$60.00	\$35.06	\$36.91	\$36.83				
W8210	CSP-transition to community living; MD	\$150.04	\$87.67	\$92.30	\$92.09				
W8211	CSP-transition to community living; Ph.D.	\$112.53	\$65.75	\$69.23	\$69.07				
W8212	CSP-transition to community living; Masters	\$90.04	\$52.61	\$55.39	\$55.27				
W8213	CSP-transition to community living; Professional	\$60.00	\$35.06	\$36.91	\$36.83				
W8220	CSP-routine psychiatric treatment; MD	\$150.04	\$87.67	\$92.30	\$92.09				
W8221	CSP-routine psychiatric treatment; Ph.D.	\$112.53	\$65.75	\$69.23	\$69.07				
W8222	CSP-routine psychiatric treatment; Masters	\$90.04	\$52.61	\$55.39	\$55.27				
W8230	CSP-medication prescription and administration; MD	\$150.04	\$87.67	\$92.30	\$92.09				
W8232	CSP-medication, prescription and administration; Masters (RN only)	\$90.04	\$52.61	\$55.39	\$55.27				
W8233	CSP-medication, prescription and administration; Professional	\$60.00	\$35.06	\$36.91	\$36.83				
W8240	CSP-symptom management; MD	\$150.04	\$87.67	\$92.30	\$92.09				
W8241	CSP-symptom management; Ph.D.	\$112.53	\$65.75	\$69.23	\$69.07				
W8242	CSP-symptom management; Masters	\$90.04	\$52.61	\$55.39	\$55.27				
W8243	CSP-symptom management; Professional	\$60.00	\$35.06	\$36.91	\$36.83				

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Procedure code	Procedure code description	Contracted rate*	Reimbursement (federal share) paid 10/1/02 through 3/31/03	Reimbursement (federal share) paid 4/1/03 through 9/30/03	Reimbursement (federal share) paid on and after 10/1/03
W8250	CSP-case management; MD	\$150.04	\$87.67	\$92.30	\$92.09
W8251	CSP-case management; Ph.D.	\$112.53	\$65.75	\$69.23	\$69.07
W8252	CSP-case management; Masters	\$90.04	\$52.61	\$55.39	\$55.27
W8253	CSP-case management; Professional	\$60.00	\$35.06	\$36.91	\$36.83
W8262	CSP-employment related behavioral training; Masters	\$90.04	\$52.61	\$55.39	\$55.27
W8263	CSP-employment related behavioral training; Professional	\$60.00	\$35.06	\$36.91	\$36.83
W8271	CSP-psychosocial rehabilitation; Ph.D.	\$112.53	\$65.75	\$69.23	\$69.07
W8272	CSP-psychosocial rehabilitation; Masters	\$90.04	\$52.61	\$55.39	\$55.27
W8273	CSP-psychosocial rehabilitation; Professional	\$60.00	\$35.06	\$36.91	\$36.83
W8274	CSP-psychosocial rehabilitation; Mental health technician	\$22.51	\$13.15	\$13.85	\$13.82
W8280	CSP-group therapy; MD	\$37.51	\$21.92	\$23.08	\$23.02
W8281	CSP-group therapy; Ph.D.	\$28.11	\$16.42	\$17.29	\$17.25
W8282	CSP-group therapy; Masters	\$22.51	\$13.15	\$13.85	\$13.82
W8283	CSP-group therapy; Professional	\$15.00	\$8.76	\$9.23	\$9.21
W8290	Non-psychiatric medication and treatment services; Psychiatrist	\$150.04	\$87.67	\$92.30	\$92.09
W8292	Non-psychiatric medication and treatment services; Masters (RN only)	\$90.04	\$52.61	\$55.39	\$55.27
W8293	Non-psychiatric medication and treatment services; (RN only)	\$60.00	\$35.06	\$36.91	\$36.83
W8294	Non-psychiatric medication and treatment services; Mental health technician; (LPN only)	\$22.51	\$13.15	\$13.85	\$13.82

⁽LPN only)
*Contracted rates are effective for DOS on and after July 1, 2002.

Wisconsin Medicaid-certified providers will be reimbursed the rates listed on this schedule for covered services provided to eligible recipients.

This fee schedule contains the following information:

Procedure Code The procedure code recognized by Wisconsin Medicaid to identify the service pro

Description A description of the procedure code.

Contracted Rate The uniform rate determined by the Division of Health Care Financing (DHCF).

Reimbursement (federal share) The federal share of the contracted rate. This is the amount paid per unit by Wisconsin Medicaid.

The fee schedule does not address the various coverage limitations routinely applied by Wisconsin Medicaid before final payment is determined (e.g., recipient and provider eligibility, billing instructions, frequency of services, third-party liability, copayment, age restrictions, and prior authorization).

The preceding information is intended to help providers understand the Wisconsin Medicaid fee schedule. For questions about the fee schedule, providers should contact Provider Services at (800) 947-9627 or (608) 221-9883. For questions about rates, providers should contact the DHCF by writing to:

Policy Analyst Division of Health Care Financing Case Management Services PO Box 309 Madison WI 53701-0309